

A/Reissue

04/02/99

15503 U.S. PTO

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

15503 U.S. PTO
04/2866

04/02/99

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	ST9-95-032R
First Named Inventor	Paul C-H Leung
Original Patent Number	5,657,447
Original Patent Issue Date (Month/Day/Year)	August 12, 1997
Express Mail Label No.	EL140908397US
Total Pages	82

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(check applicable box)

APPLICATION ELEMENTS

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 CFR 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 CFR 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 CFR 3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Transfer drawings from Patent File
- ☐ Foreign Priority Claim (35 USC 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ Small Entity Statement filed in prior application, Status still proper and desired
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: Error upon which reissue is based

15. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label or ☒ Correspondence address below
(Insert Customer No. or Attach bar code label here)

NAME	George H. Gates, Esq.				
	GATES & COOPER				
ADDRESS	6701 Center Drive West, Suite 1050				
CITY	Los Angeles	STATE	California	ZIP CODE	90045
COUNTRY	U.S.A.	TELEPHONE	(310) 642-4140	FAX	(310) 641-8798

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	ST9-95-032R
	First Named Inventor	Paul C-H Leung
	Original Patent Number	5,657,447
	Original Patent Issue Date (Month/Day/Year)	August 12, 1997
	Express Mail Label No.	EL140908397US
	Total Pages	82

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Transfer drawings from Patent File
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 CFR 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	12. <input checked="" type="checkbox"/> Preliminary Amendment
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input checked="" type="checkbox"/> Other: <u>Error upon which reissue</u> <u>is based</u>

15. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

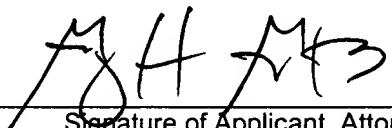
or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME	George H. Gates, Esq.				
	GATES & COOPER				
ADDRESS	6701 Center Drive West, Suite 1050				
CITY	Los Angeles	STATE	California	ZIP CODE	90045
COUNTRY	U.S.A.	TELEPHONE	(310) 642-4140	FAX	(310) 641-8798

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) ST9-95-032R		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 39	Total Claims (37 CFR 1.16(j))	(B) 39	**** 19 =	x \$	=	or	x \$78 = 1482	
(C) 11	Independent Claims (37 CFR 1.16(i))	(D) 11	* 11 =	x \$	=		x \$18 = -0-	
Basic Fee (37 CFR 1.16(h))					\$		\$ 760	
Total Filing Fee					\$	OR	\$2242	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 69	MINUS	** 39	* = 30	x \$	=	or	x \$ 78 = 2340
Independent Claims (37 CFR 1.16(i))	*** 14	MINUS	***** 11	= 3	x \$	=		x \$ 18 = 54
Total Additional Fee					\$	OR	\$2394	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>09-0460</u> in the amount of <u>\$ 4636</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>09-0460</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p>								
<u>4/2/99</u> Date		 _____ Signature of Applicant, Attorney or Agent of Record _____ George H. Cates Typed or printed name						